

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032794

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 220

FILED AUG 26 1963

1. PLACE OF DEATH a. COUNTY LAWRENCE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY LAWRENCE	
b. CITY (If outside corporate limits, give TOWNSHIP only) AURORA		c. CITY OR TOWN AURORA	
Length of stay in 1b YRS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION AURORA HOSPITAL		d. STREET ADDRESS (If outside, give location) 126 E. LOCUST	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) GEORGE HENRY GUSTAV SCHULTZ		4. DATE OF DEATH Month AUGUST Day 16 Year 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/22/79
9. AGE (last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET. FARMER	
11. BIRTHPLACE (City and state or country) YATES CENTER, KAN		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME JOHN SCHULTZ		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE HATTIE H. SCHULTZ		Address AURORA, MO.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT HATTIE SCHULTZ:		Address AURORA, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Leukemia. Ch. Lymphocyte Interval between ONSET and DEATH 5 yrs Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour 7:30 PM Month, Day, Year 1959	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	
20g. STATE		21. I attended the deceased from 1959 to 8-14-63 and last saw her alive on 8-14-63 Death occurred at 7:30 PM m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Arnold S. Arnold		22b. ADDRESS Aurora, Mo	
22c. DATE SIGNED 8/21/63		22d. LOCATION (City, town, or county) (State) AURORA, MO.	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 8/18/63	
23c. NAME OF CEMETERY OR CREMATORY MAPLE PARK CEMETERY		23d. LOCATION (City, town, or county) (State) AURORA, MO.	
24. FUNERAL DIRECTOR ARNOLD'S FUNERAL HOME:		ADDRESS AURORA, MO.	
25. DATE RECD. BY LOCAL REG. 8/22/63		26. REGISTRAR'S SIGNATURE Allen Meyer Reg.	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

OCT 15 1963

SEP 26 1963

OCT 16 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Irwin R. Arnold

Licensed Embalmer No. 4929

P. O. Address Avoca, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

-If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.